

Return Forms to Activity Center!

Half Day Hoopla: South Mountain Creamery

Leaves from Activity Center at Bohrer Park (ACBP), but all are welcome!

***NOTE:** we will leave ACBP at 2:00pm for the field trip

**** Parents are required to provide transportation to the Activity Center**

Activity Center is located at 506 S. Frederick Ave in Gaithersburg

- Registration is limited to the **first 60 participants**

- Please make sure your child has eaten lunch BEFORE program.

- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

Questions? Contact Sydney Zintchem at 301-258-6350 or Sydney.zintchem@gaitHERsbuRgmd.gov

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, or register online at www.gaithersburgmd.gov/recxpress

Wed, April 3

12:55-5:30pm

Cost

\$13 Res.

\$20 Nonres.

For 1st-5th graders!



☐ Check here if new address/phone since last time registered.

City Resident ☐ Nonresident ☐

Parent's Last Name _____ Parent's First Name _____

Address _____ APT _____ City/State/Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Emergency Contact Name (other than parent) _____ Emergency Contact # _____

Email _____

| Participant's Name | Sex | Birthdate M/D/Y | Ice cream choice* | Location | Grade | School | Fee |
|--------------------|-----|-----------------|-------------------|----------|-------|--------|-----|
| | | | | ACBP | | | \$ |

***Ice cream choices are: Vanilla, Mint Chip, Birthday Cake, or Chocolate**

Does your child(ren) have any allergies, medications, or conditions that may affect participation in the program? ☐ Yes ☐ No

Please Specify: _____

Describe any ADA (Americans with Disabilities Act) accommodations or any physical, psychiatric, behavioral or other concerns for which you will make a special request for a change or adaptation: _____

I hereby voluntarily wish to attend, and/or grant permission for a family member under my custody or supervision to attend the activity sponsored by the City of Gaithersburg. I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, its employees or agents will not be responsible for any personal property lost by me and/or family member or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program. I understand that all program/activity withdrawals are subject to processing fees and that some programs/activities are non-refundable in accordance with the Department of Parks, Recreation and Culture Withdrawal and Refund Guidelines. I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received. I understand the City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable law, and that I am responsible for making a request for reasonable accommodation in advance, at least two weeks prior to the start of the program, to allow the request to be considered and any reasonable accommodations to be put in place. It is understood that entry to the program may be delayed (or denied if late entry cannot be permitted) if a request which does not allow the City sufficient time to consider and/or make preparations for the requested reasonable accommodation.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC/AMEX/Disc# _____ Exp. Date ____/____

Signature (name on card) _____

Print Name _____

Office Use Only: Activity #7456

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ RW _____

